

Name  
in  
Full

James Leland Abrisch

## CERTIFICATE OF DEATH

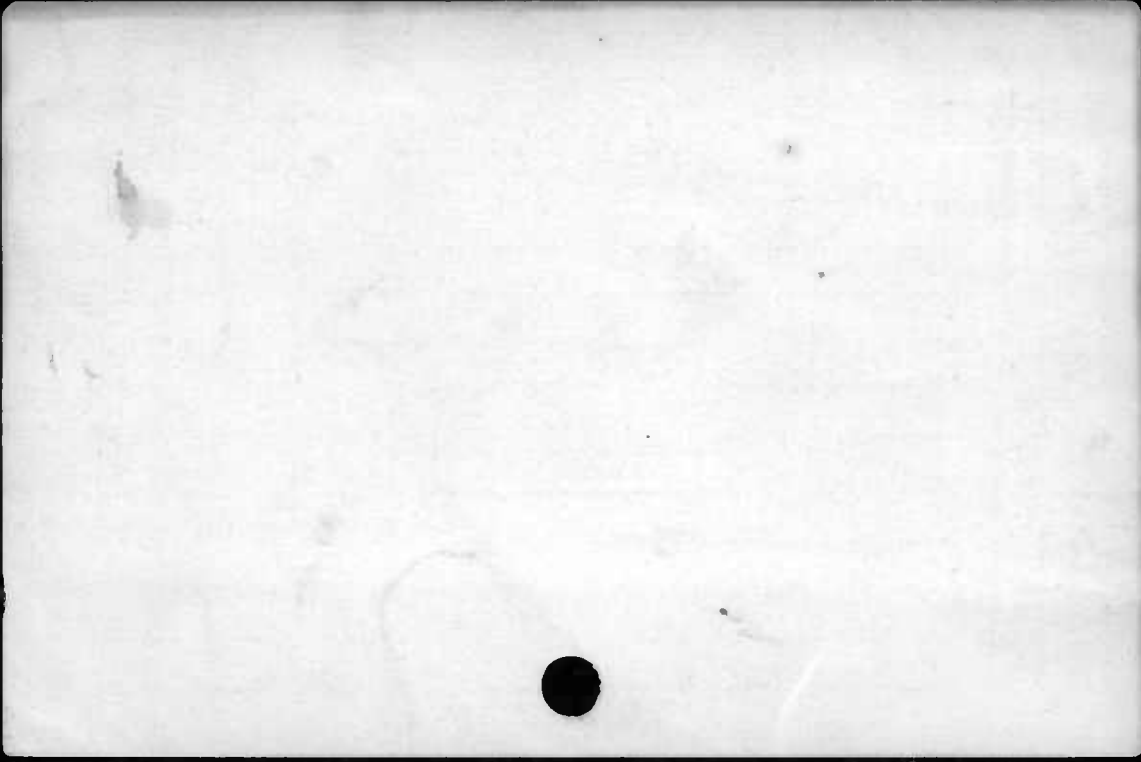
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Mtairy</i>		County <i>Carroll</i>		MARYLAND	
Date of death	1906	Month <i>March</i>	Day <i>22</i>	Age <i>2</i>	Years <i>2</i>	Months <i>5</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Baltimore</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>at Place of Death</i>			
Married, Single or <del>Widowed</del>			Name of Wife or Husband <i>—</i>				
Father's Name <i>Frederick Abrisch</i>				Father's Birthplace <i>Middlesex County D.C.</i>			
Mother's Maiden Name <i>Chattie Smith</i>				Mother's Birthplace <i>Harford County Md.</i>			
Name of person giving Information <i>Chattie Abrisch</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Whooping cough</i>	How long <i>4 wks</i>
Immediate <i>Pneumonia</i>	How long <i>1 wk.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W.E. Gaver</i>
	Address <i>Not being used</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Frank McKeenan Albert* Town *Westminster* County *Carroll* MARYLAND

Died at *Westminster*

Date of death *1906* Month *March* Day *23* Age *3* Years *10* Months *2* Days

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed *Single* Name of Wife or Husband \_\_\_\_\_

Father's Name *Nathan M. Albert* Father's Birthplace *Maryland*

Mother's Maiden Name *Margaret N. Brown* Mother's Birthplace *Ido*

Name of person giving information *Nathan M. Albert* How related to deceased *Father*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Infantile Paralysis* *(61)* How long *7 months*

Immediate *Cerebro-Spinal-Meningitis* How long *6 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Jos. J. Herring M.D.*

Address *Westminster, Md.*

Accident or Suicide? \_\_\_\_\_

Shaver  
Stone Capital

Name  
in  
Full

CERTIFICATE OF DEATH

*Eduard P. Allison*

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month	<i>March</i>	Day	<i>22</i>
Age	<i>13</i>	Years	<i>7</i>	Months	<i>7</i>
Sex	<i>Male</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband			
Father's Name	<i>E. Harry Allison</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Grace C. Smith</i>			Mother's Birthplace	<i>do</i>
Name of person giving information	<i>E. Harry Allison</i>			How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Peritonitis</i>	How long	<i>Five days</i>
Immediate	<i>Peritonitis</i>	How long	<i>Five days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Geo. P. Hering M.D.</i> <i>Westminster - Md.</i>
Address			
Accident or Suicide?			

*116*

10. 2. 1915

Shaner

Westerner number

Name  
in  
Full

Lucinda Arter

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <sup>Town</sup> near Union Mills

County Carroll

Date  
of death 1906

Month

Mar.

Day

18

Age

Years

67

Months

7

Days

8

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Housewife

Where Residing if not  
at place of deathMarried, ~~Single~~  
or ~~Widowed~~Name of Wife or  
Husband

Lura Arter

Father's  
Name

David Leppo

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Elizabeth Kump

Mother's  
Birthplace

"

Name of person giving  
informationHow related  
to deceased

## CAUSES OF DEATH

Primary

Le. grippe

How long

#

Immediate

Pneumonia

How long

10 Days

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

J. J. Stewart  
Union Mills  
Md

Accident or Suicide?

PHYSICIAN  
OR CORONER





Name  
in  
Full

Nelson, Baker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Patafisco</u> <sup>Town</sup>		<u>Carroll</u> <sup>County</sup>		MARYLAND	
Date of death <u>1906</u>	<u>March</u> <sup>Month</sup>	<u>13</u> <sup>Day</sup>	Age <u>49</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed <u>Married</u>	Name of Wife or <del>Husband</del> <u>Archie Blizzard</u>				
Father's Name <u>Henry Baker</u>	Father's Birthplace <u>Maryland</u>		Mother's Birthplace <u>—</u>		
Mother's Maiden Name <u>Don't Know</u>	How related to deceased <u>Son</u>		Name of person giving information <u>John M. Baker</u>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Pulmonary Tuberculosis</u>	How long <u>1 yr</u>
Immediate <u>Emphysema</u>	How long <u>4 Weeks</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Ben D. Wells</u>
	Address <u>Washington - Md</u>
Accident or Suicide?	

Sharon  
Bethel Church. (Carrollton)

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>John Beaman</i>		Town <i>Westminster</i>		County <i>Carroll</i>		State <i>MARYLAND</i>	
Died at <i>Westminster</i>		Month <i>10</i>		Day <i>17</i>		Year <i>1906</i>	
Date of death <i>1906</i>		Month <i>10</i>		Day <i>17</i>		Year <i>1906</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Age <i>55</i>	
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i></i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i></i>					
Father's Name <i>Andrew J Beaman</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Elizabeth Magee</i>		Mother's Birthplace <i>Do</i>					
Name of person giving information <i>Annie Beaman</i>		How related to deceased <i>Sister</i>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Cause <i>Chronic Nephritis</i>	How long <i>2 yrs</i>
Immediate Cause <i>Cancer of Spleen</i>	How long <i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm D. Kelle</i>
	Address <i>Westminster Md</i>
Accident or Suicide?	

Sharon

H Jones

Name

in  
Full

## CERTIFICATE OF DEATH

MARYLAND

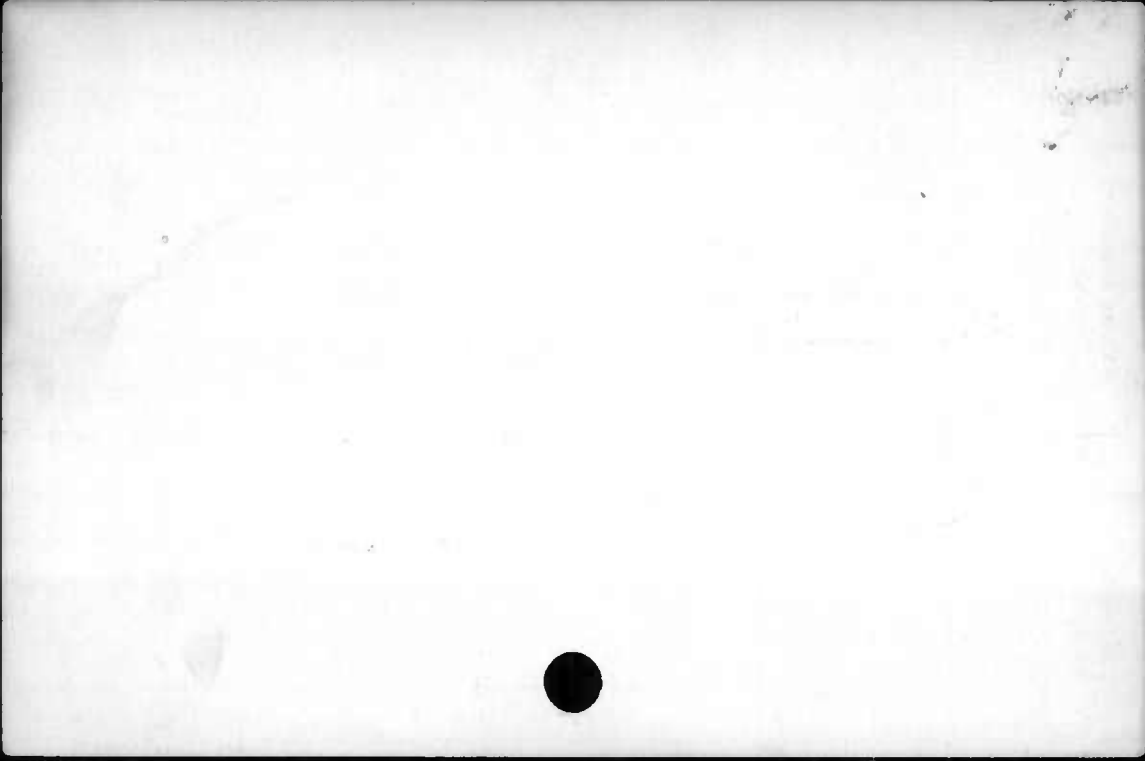
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Hampstead</u> <sup>Town</sup>		<u>Catoe</u> <sup>County</sup>	
Date of death	1906	Month	3
		Day	25
		Age	68
		Years	6
		Months	6
		Days	6
Sex	Female	Color or Race	White
Occupation	Housewife	Where Residing if not at place of death	
Married, <del>Single</del> or <del>Widowed</del>		Name of Wife or Husband	Augustus F. Biely
Father's Name		Father's Birthplace	
Mother's Maiden Name		Mother's Birthplace	
Name of person giving Information	A. F. Biely	How related to deceased	Husband

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Cerebral Hemorrhage	How long	10 yrs.
Immediate	Bad Heart Failure	How long	2. da.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Edgar M. Bish M.D.
		Address	Hampstead, Md.
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
Levi Black		Town		County	
Died at Westminster		Carroll		MARYLAND	
Date of death		Month	Day	Years	Months
1906		March	20	62	6
Sex		Color or Race		Birth-place	
Male		White		Maryland	
Occupation		Where Residing if not at place of death			
Dairyman					
Married, Single or Widowed		Name of Wife or Husband			
Married		Annie E. Robinson			
Father's Name		David Black		Father's Birthplace	
				Maryland	
Mother's Maiden Name		Rachel Hittabridge		Mother's Birthplace	
				Lee	
Name of person giving information		William Black		How related to deceased	
				Son	
CAUSES OF DEATH					
Primary		Paralysis of Heart		How long	
				2 hours	
Immediate		"		How long	
				"	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
Yes		W. H. Pratt			
Address		Westminster			
		Md			
Accident or Suicide?					

Shaver

Wentworth Cramer



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Jane Bonersox</i>		Town <i>Westminster</i>		County <i>Carroll</i>		MARYLAND	
Died at <i>near Westminster</i>		Month <i>June</i>		Day <i>21</i>		Age <i>72</i>	
Date of death <i>1906</i>		Month <i>June</i>		Day <i>21</i>		Age <i>72</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>Maryland</i>		Months <i>2</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>		Days <i>19</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>E de Bonersox</i>		Father's Birthplace <i>Maryland</i>			
Father's Name <i>John Flickinger</i>		Mother's Maiden Name <i>Don't Know</i>		Mother's Birthplace <i>—</i>			
Name of person giving information <i>E de Bonersox</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>1 week</i>
Immediate <i>Heart Failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jos. J. Henry</i>
	Address <i>Westminster, Md</i>
Accident or Suicide? <i>—</i>	

Shaver

Silver Run.

Name in Full

Certificate of Death

John P. Brown

Town

County

Died at New Windsor Carroll

MARYLAND

1906 Date 189  
 Month 3 Day 27 Y. 11 M. 25 D. Native of Md Occupation none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

93

Husband of

Father's

Name

Mother's

Name

Geo. Brown

Mary J. Brown

Cause of

Primary

Pneumonia &amp; Severe

How long sick

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

D. D. E. Hoff

Address

Wine Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name  
in  
Full

Care Chambers

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Keysoice</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death	<i>1906</i> Month	<i>Feb.</i> Day	<i>19</i> Age	<i>2</i> Months	<i>25</i> Years
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>—</i>		Birthplace	<i>Keysoice</i>	
Where Residing if not at place of death			<i>—</i>		
Married, Single or Widowed			Name of Wife or Husband		
<i>—</i>			<i>—</i>		
Father's Name			<i>Turtis Chambers</i>		
Father's Birthplace			<i>—</i>		
Mother's Maiden Name			<i>Loza Krug</i>		
Mother's Birthplace			<i>Keysoice Md.</i>		
Name of person giving information			<i>C. Chambers</i>		
How related to deceased			<i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>unknown</i>	How long	<i>1 day</i>
Immediate	<i>Convolutions</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>D. H. Diller</i>	
Address		<i>Detour</i>	
<i>Md.</i>		<i>Md.</i>	
Accident or Suicide?			
<i>—</i>			



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>near Winfield</i>		Town <i>Winfield</i>		County <i>Carroll</i>			
Date of death 190 <i>6</i>	Month <i>3</i>	Day <i>31</i>	Age <i>57</i>	Months <i>6</i>	Days <i>15</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>				
Married, Single or Widowed <i>Single</i>			Occupation				
Name of Wife or Husband							
Father's Name <i>Ephraim Cover</i>				Father's Birthplace <i>Md.</i>			
Mother's Maiden Name <i>Elizabeth Stimmel</i>				Mother's Birthplace <i>Md.</i>			
Name of person giving information <i>Benj. F. Hooper</i>				How related to deceased <i>Bro-in-law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Bronchial Pneumonia</i>	How long <i>5 days</i>
Immediate <i>Heart Failure</i>	How long <i>2 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. D. Cronk M.D.</i>
	Address <i>Winfield, Md.</i>
Accident or Suicide?	

Beaverdam Cemetery.



Name  
in  
Full

## CERTIFICATE OF DEATH

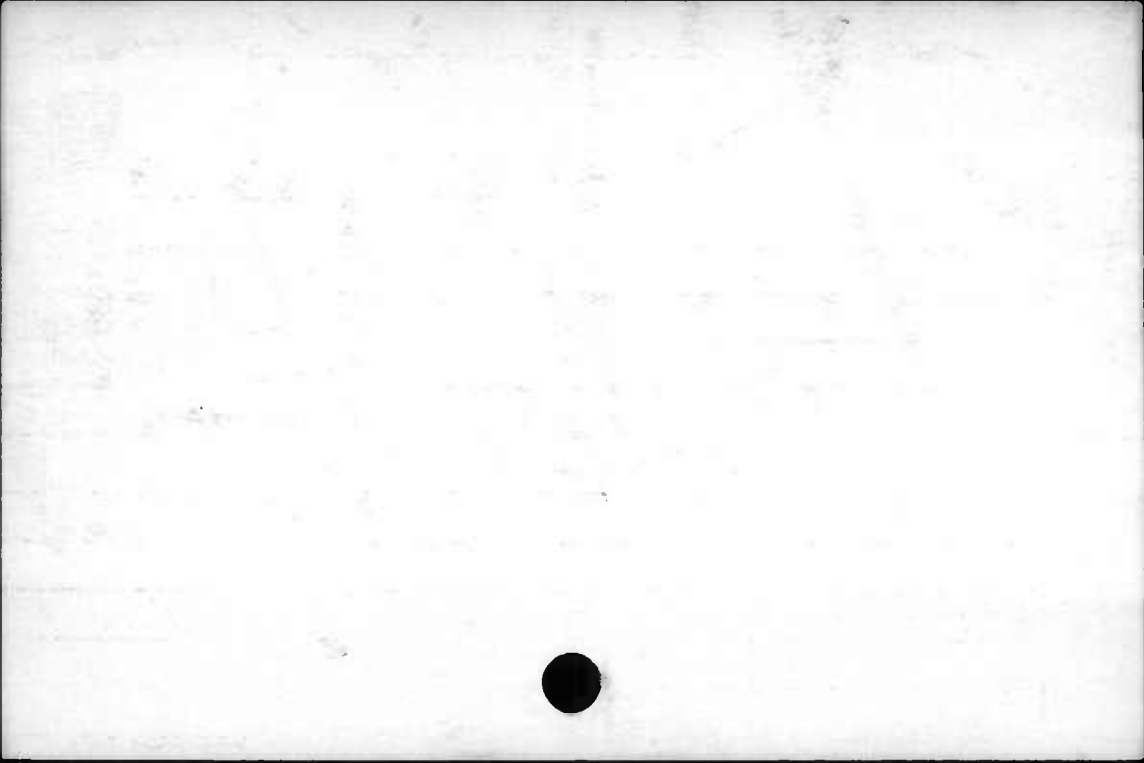
TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Cynora Heeser</i> ✓		Town <i>Silver Run</i>		County <i>Carroll</i>		MARYLAND	
Died at		Date of death		Age		Months	
		<i>1906</i>		<i>67</i>		<i>10</i>	
Month <i>3</i>		Day <i>2</i>		Years <i>67</i>		Days <i>8</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>			
Occupation <i>Housewife</i>				Where Residing if not at place of death			
Married, Single or Widowed				Name of <del>the</del> or Husband <i>Cyrus Heeser</i>			
Father's Name <i>Phillip Arter</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Cancer</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John J. Stewart</i>
	Address <i>Princeton, N.J.</i>
Accident or Suicide?	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Town <i>Barratt</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>2</i>	Age Years	Months <i>9</i>	Days <i>24</i>
Sex <i>Boy</i>		Color or Race <i>White</i>		Birth-place <i>Mount Olive</i>	
Occupation			Where Residing if not at place of death <i>Barratt</i>		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>William Flemming</i>			Father's Birthplace <i>near Mount Olive</i>		
Mother's Maiden Name <i>Emmie Jarver</i>			Mother's Birthplace <i>Lanings</i>		
Name of person giving information <i>William Flemming</i>			How related to deceased <i>Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diphtheritic Tonsillitis</i>	How long <i>2 weeks</i>
Immediate <i>Diphtheritic Croup</i>	How long <i>3 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. D. Crook</i>
	Address <i>Yonkers N.Y.</i>
Accident or Suicide?	



Name  
in  
Full

Lucretia Fowble

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Westminster Town Carroll County

MARYLAND

Date of death 1906 March Month 11 Day 18 Years 11 Months 1 Days

Sex Female Color or Race White Birth-place Maryland

Occupation — Where Residing if not at place of death —

Married, Single or Widowed Widow Name of ~~Wife or~~ Husband David Fowble

Father's Name Nelson Forrest Father's Birthplace Ind

Mother's Maiden Name Mary Ann Carrell Mother's Birthplace "

Name of person giving information Florence Forrest How related to deceased Niece

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Apoplexy (64) How long 1 hr

Immediate " How long "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Jos. J. H.

Address Westminster

Accident or Suicide? —



Name  
in  
Full

Marrin Witzels Gore

## CERTIFICATE OF DEATH

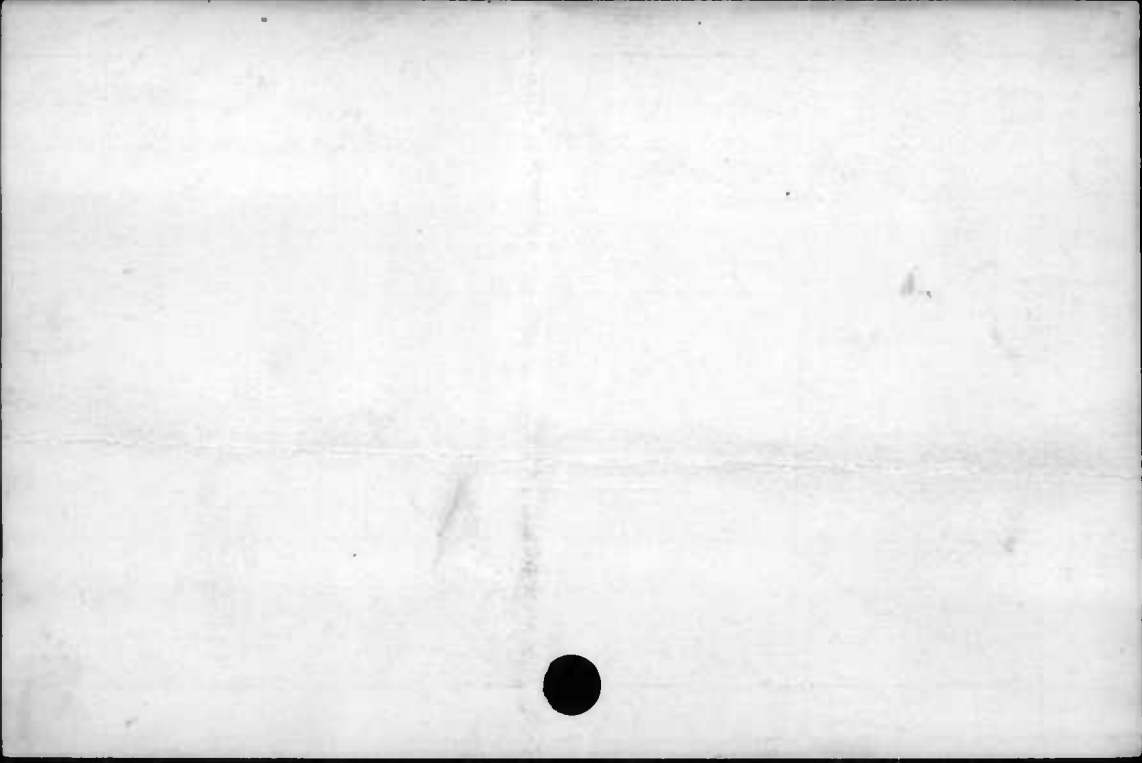
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Haight</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>12</i>	Years <i>1</i>	Months <i>2</i>	Days <i>10</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Md</i>	
Occupation _____			Where Residing if not at place of death _____		
Married, Single <del>or Widowed</del>			Name of Wife or Husband _____		
Father's Name <i>Joseph Holliday Gore</i>			Father's Birthplace <i>Md</i>		
Mother's Maiden Name <i>Minnie E. R. Trott</i>			Mother's Birthplace <i>Md</i>		
Name of person giving information <i>Daniel W. Trott</i>			How related to deceased <i>Uncle</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Pneumonia</i>	How long <i>3 days</i>
Immediate <i>Heart failure</i>	How long <i>4 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. S. N. Gonsoulo</i>
	Address <i>Banker</i>
Accident or Suicide?	<i>Md</i>





Name  
in  
Full

Margaret Helwig

No. 5  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Edstview</i>			Town <i>Edstview</i>		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>29</i>	Age <i>74</i>	Years <i>74</i>	Months <i>5</i>	Days <i>17</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>					
Occupation <i>Retired</i>			Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Widow</i>			Name of Wife or Husband <i>Dead</i>					
Father's Name <i>Don't know</i>			Father's Birthplace <i>✓</i>					
Mother's Maiden Name <i>" "</i>			Mother's Birthplace <i>✓</i>					
Name of person giving information <i>Jacob Helwig</i>			How related to deceased <i>Son</i>					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Paralysis</i>	How long <i>2 weeks</i>
Immediate <i>"</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Don't know</i>	Signature of Physician <i>Jas. T. Henning</i>
	Address <i>Westmont Md</i>
Accident or Suicide? <i>—</i>	

at Finksburg cemetery.

Name  
in  
Full

(Infant-) *Hers*

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

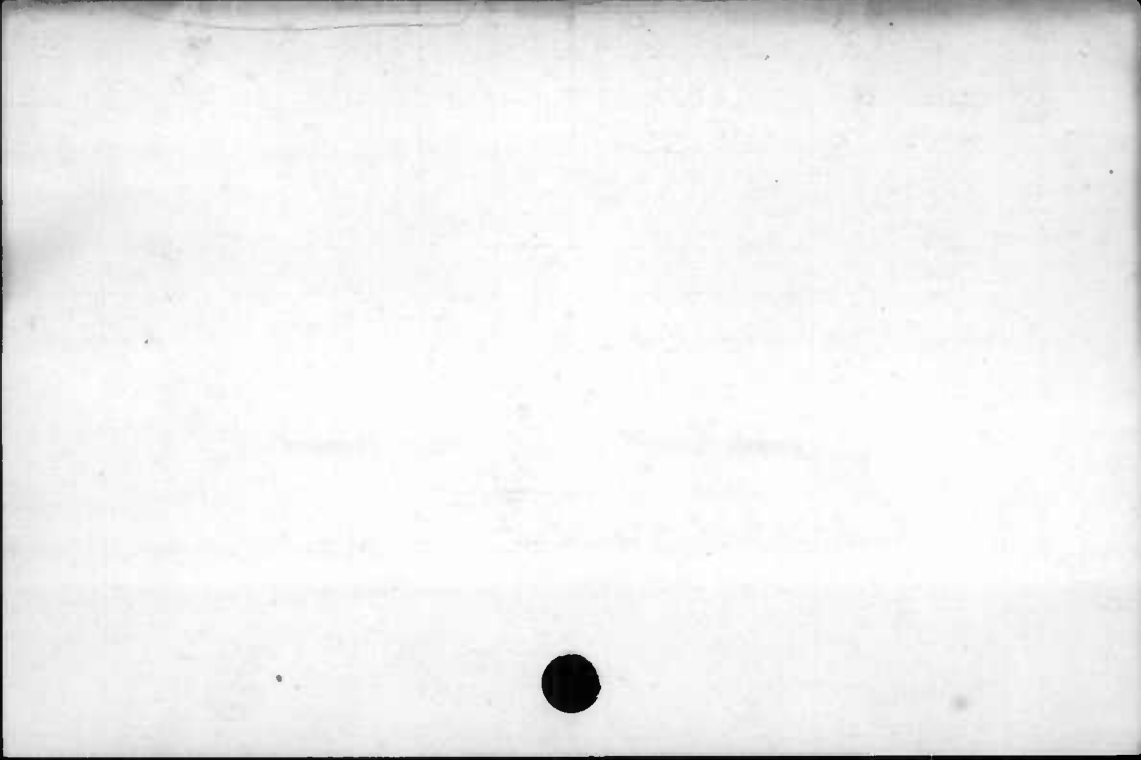
Died at *Hannay* Town *Carroll* County  
 Date of death *1906* Month *Mar* Day *9* Age *Years* Months *Days* *3*  
 Sex *Male* Color or Race *White* Birth-place *Ind*  
 Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
 Father's Name *Roman Hers* Father's Birthplace *Ind*  
 Mother's Maiden Name *Rheta Newcomb* Mother's Birthplace \_\_\_\_\_  
 Name of person giving information *Roman Hers* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Imperfect development* How long \_\_\_\_\_  
 Immediate \_\_\_\_\_ How long \_\_\_\_\_  
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *G. Birnie*  
 Address *Jenny Town*  
 Accident or Suicide? ☒



Name  
in  
Full

Alford G Hobbs

## CERTIFICATE OF DEATH

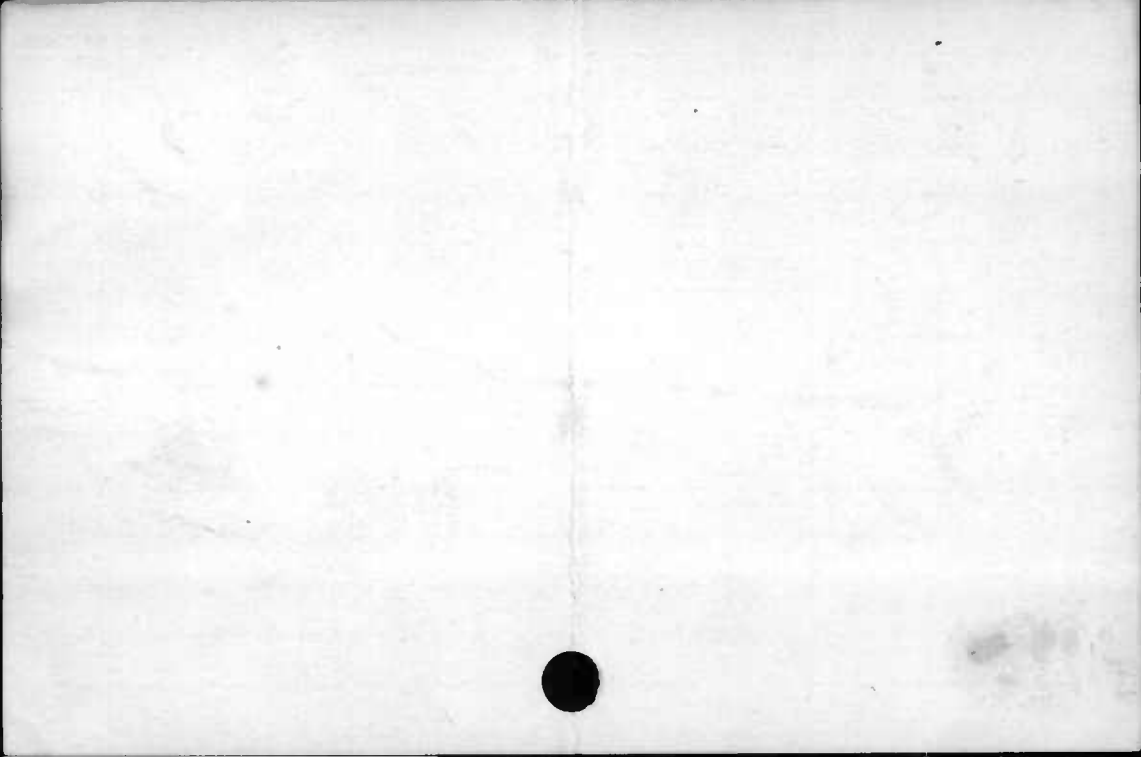
TO BE ANSWERED BY  
NEAREST FRIEND

Died at. <i>Mt Air</i> Town		<i>Carroll</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>7</i>	Years <i>64</i>	Months <i>1</i>	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Fredrick County Md</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>at Place of Death</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Leonard Hobbs</i>	Father's Birthplace <i>Fredrick County</i>				
Mother's Maiden Name <i>Elizabeth Day</i>	Mother's Birthplace <i>Howard County</i>				
Name of person giving information <i>Wendel Hobbs</i>	How related to deceased <i>Brother</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Central Pneumonia</i>	How long <i>Three days</i>
Immediate <i>Exhaustion</i>	How long <i>Twelve hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>A. T. Frank</i>
	Address <i>Gaylord Hill</i>
Accident or Suicide?	



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	<i>1906</i>	Month <i>March</i>	Day <i>19</i>	Age <i>59</i>	Years <i>8</i> Months <i>9</i> Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary A. Lockard</i>				
Father's Name <i>Daniel W. Hunter</i>	Father's Birthplace <i>W. Va.</i>				
Mother's Maiden Name <i>Mary A. Sample</i>	Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mary A. Hunter</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Diabetes Mellitus</i>	How long <i>12 or 15 years</i>
Immediate <i>Plomaine Poisoning</i>	How long <i>one week</i>
Are the name, age, sex, color, date and place correctly given above? <i>ye</i>	Signature of Physician <i>Chas. R. Foutz</i>
	Address <i>Westminster Md.</i>
Accident or Suicide? <i>—</i>	

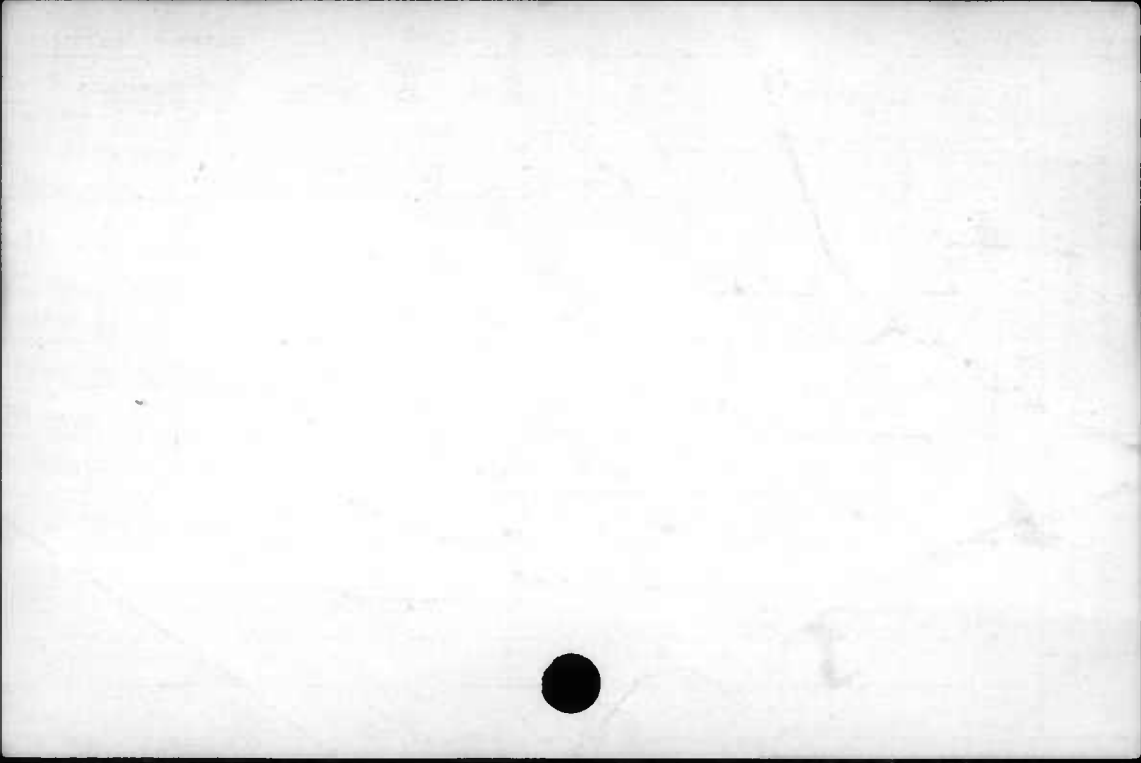
Harper  
Westerns Country



Name in Full		No 6 CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Westminster</i> Town		<i>Harroll</i> County		MARYLAND
	Date of death	<i>1906</i> Year	<i>Mar</i> Month	<i>31</i> Day	Age <i>73</i> Years
	Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Silver Spring</i>		Months <i>12</i> Days <i>16</i>
	Occupation <i>Housekeeper</i>		Where Residing if not at place of death		
	Married, Single or Widowed <i>Single</i>	Name of Wife or Husband			
	Father's Name <i>Jacob Little</i>	Father's Birthplace <i>Littlestown</i>			
	Mother's Maiden Name <i>Suzeen Smith</i>	Mother's Birthplace <i>Pine Creek</i>			
	Name of person giving information <i>Pine Little</i>		How related to deceased <i>Brother</i>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Pneumonia</i>		How long <i>2 days</i>		(93)
	Immediate <i>Heart fail</i>		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Jos. J. Hering</i>		
			Address <i>Westminster</i>		
			<i>MD</i>		
<del>Accident or Suicide?</del>					

St. Benjamin's cemetery

Name In Full		William Lowery				No 4 CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at, <i>Westminster</i>		Town <i>Canoe</i>		County	
		Date of death <i>1906</i>		Month <i>Mar</i>	Day <i>26</i>	Age <i>82</i>	Years
		Sex <i>Male</i>		Color or Race <i>Colored</i>		Birth-place <i>MD</i>	
		Occupation <i>Retired</i>		Where Residing if not at place of death <i>Home</i>			
		Married, Single or Widowed <i>Married</i>		Name of Wife or Husband			
		Father's Name <i>Long Known</i>		Father's Birthplace <i>"</i>			
		Mother's Maiden Name <i>"</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Mrs William Lowery</i>		How related to deceased <i>Wife</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <i>Chronic Nephritis</i>				How long <i>2 or 3 years</i>	
		Immediate <i>Heart Failure</i>				How long <i>3 or 4 hrs</i>	
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>Chas. R. Foubt M.D.</i>	
						Address <i>Westminster MD</i>	
Accident or Suicide? <i></i>							



Name  
in  
FullNo. 131  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Bennwood</i> Town			County <i>Carroll</i>			MARYLAND	
Date of death <i>1906</i>	Month <i>3</i>	Day <i>7</i>	Age <i>74</i>	Years	Months <i>0</i>	Days <i>0</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Carroll Co Md</i>				
Occupation <i>_____</i>			Where Residing if not at place of death <i>_____</i>				
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>Alford Mering</i>					
Father's Name <i>_____</i>				Father's Birthplace <i>_____</i>			
Mother's Maiden Name <i>_____</i>				Mother's Birthplace <i>_____</i>			
Name of person giving information <i>_____</i>				How related to deceased <i>_____</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Heart Act</i>	How long <i>3 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Lucas Kemp</i>
	Address <i>Cherrytown Md</i>
Accident or Suicide?	

Papa Creek

Name  
in  
Full

Mary Murray

## CERTIFICATE OF DEATH

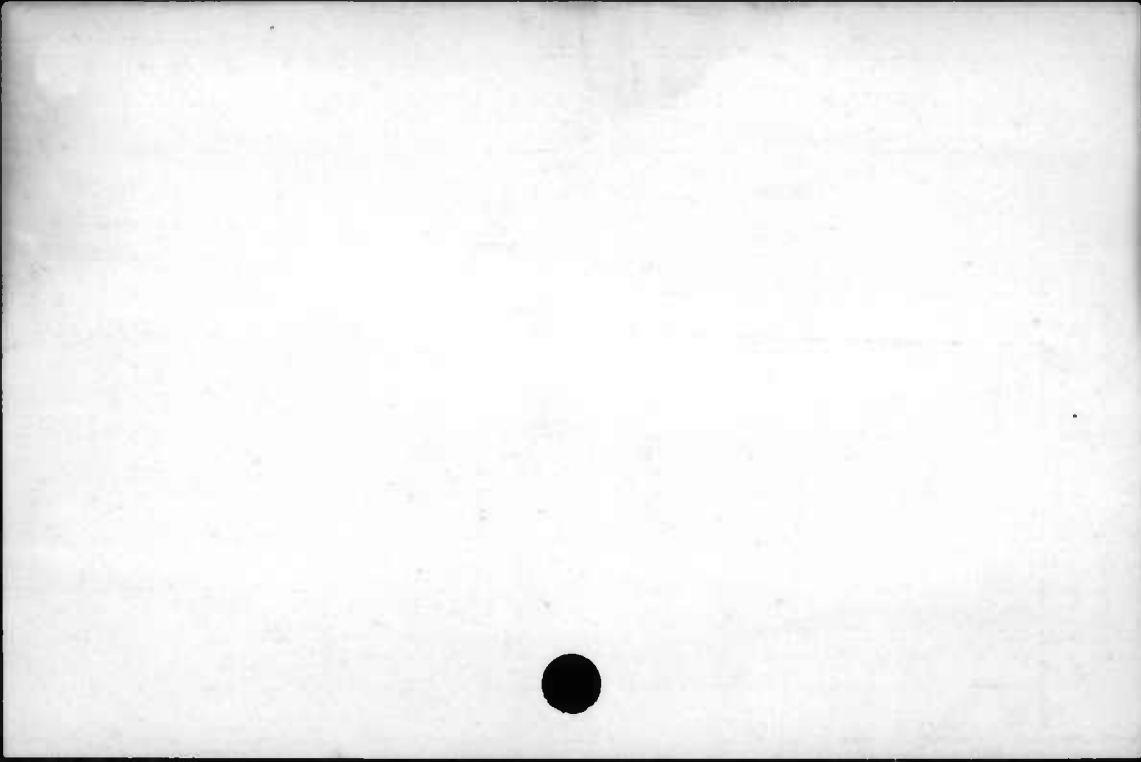
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Springfield State Hosp. Sykesville, Carroll Co.</u>		Town <u>Springfield</u>		County <u>Carroll</u>		MARYLAND	
Date of death	<u>1906</u>	Month <u>March</u>	Day <u>6<sup>th</sup></u>	Years <u>30</u>	Age	Months	Days
Sex	<u>Female</u>		Color or Race	<u>White</u>		Birth-place	<u>Baltimore</u>
Occupation	<u>Housewife</u>			Where Residing if not at place of death <u>—</u>			
Married, Single or Widowed	<u>Married</u>		Name of Husband	<u>James E. Murray</u>			
Father's Name	<u>Unknown</u>					Father's Birthplace	<u>—</u>
Mother's Maiden Name	<u>Ellen Myers</u>					Mother's Birthplace	<u>—</u>
Name of person giving information	<u>—</u>					How related to deceased	<u>(2)</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia Pulmonalis</u>	How long	<u>about 2 yrs.</u>
Immediate	<u>Exhaustion</u>	How long	
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician	<u>John Norfolk Morris, M.D.</u>
		Address	<u>Springfield State Hosp. Sykesville, Md.</u>
Accident or Suicide?			





Name  
in  
Full

Josephine Newman

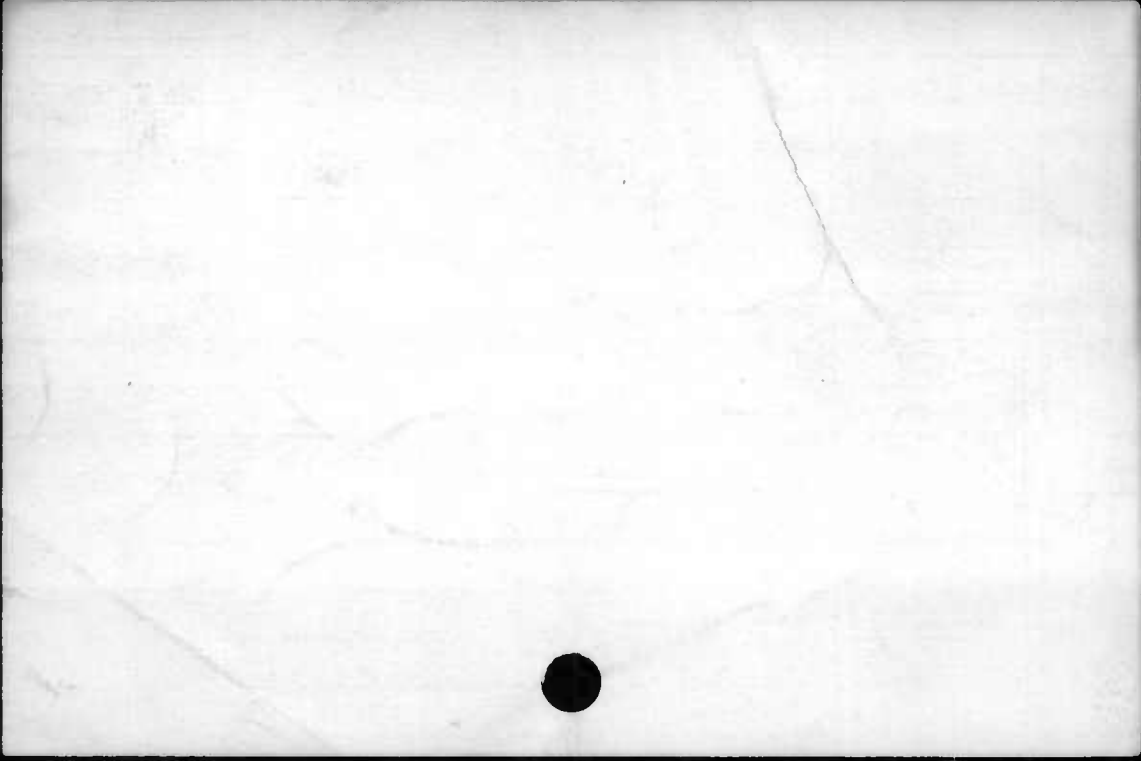
No 2  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Gambier		County Barroll		MARYLAND	
Date of death	1906	Month Mar	Day 24	Age 76	Months	Days	
Sex	Female		Color or Race	White		Birth-place	Mo
Occupation	nurse			Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Jacob James				Father's Birthplace	Mo	
Mother's Maiden Name	unknown				Mother's Birthplace		
Name of person giving information	J. A. Barnes				How related to deceased	Sister	

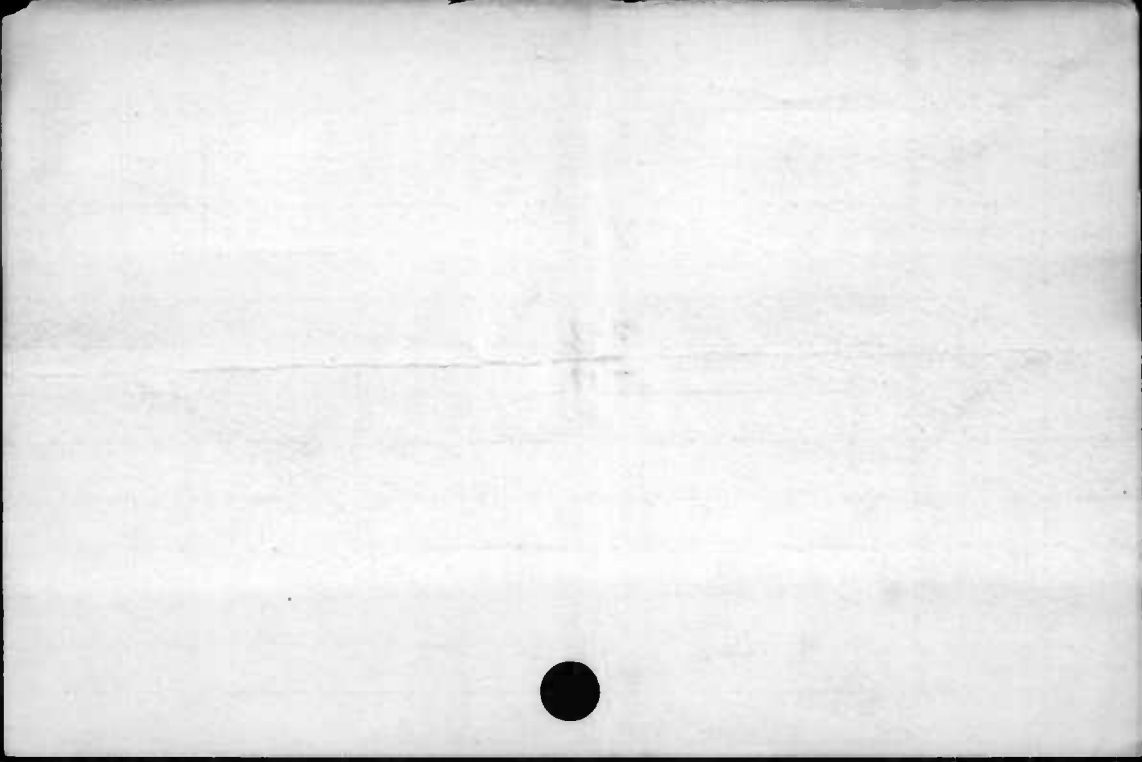
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Paralysis	(66)	How long	1 week
Immediate	"		How long	"
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			Dr. S. N. Garvin	
			Address	
			Gambier	
			Mo	
Accident or Suicide?				



Name in Full		Parker,				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Greenville</i>		Town <i>Canoll</i>		County		MARYLAND
	Date of death 1906		Month <i>Mar.</i>	Day <i>13.</i>	Age	Years	
	Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Months <i>4</i>
	Married, Single or Widowed		Occupation				
	Name of Wife or Husband						
	Father's Name <i>Columbus Parker, Jr.</i>				Father's Birthplace <i>Maryland</i>		
	Mother's Maiden Name <i>Cora Ridgely</i>				Mother's Birthplace <i>Maryland</i>		
Name of person giving information <i>Columbus Parker, Jr.</i>				How related to deceased <i>Father</i>			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		<i>Premature Birth</i>		How long		<i>151</i>
	Immediate		<i>Exhaustion</i>		How long		<i>Two days</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		<i>Wm. H. Haden, Jr.</i>		
			Address		<i>Greenville, Md.</i>		
Accident or Suicide?							



Name  
in  
Full

## CERTIFICATE OF DEATH

Cora A. Reese

Died at <sup>Town</sup> near WestminsterCounty <sup>County</sup> Carroll

MARYLAND

Date

of death

1906

Month

March

Day

10

Age

Years

38

Months

Days

Sex

Female

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

Francis C. Reese

Father's  
Name

Edwin Engleman

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Elyza Nickolmans

Mother's  
Birthplace

do

Name of person giving  
information

Francis C. Reese

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Epilepsy

(69)

How long

One week

Immediate

Convulsions

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

Jas. H. Fellingbeum M.D.  
Westminster Md

Accident or Suicide?

No

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Upton Runkles

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <i>near Tinslonville</i>		<sup>County</sup> <i>Carroll</i>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>3</i>	Day <i>6</i>	Age <i>75</i>	Months <i>11</i>	Days <i>29</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Md.</i>		
Married, Single or Widowed <i>Widower</i>		Occupation <i>Farmer (retired)</i>			
Name of Wife or Husband _____					
Father's Name <i>Samuel Runkles</i>			Father's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Elizabeth Clary</i>			Mother's Birthplace <i>Md.</i>		
Name of person giving information <i>John B. Runkles</i>			How related to deceased <i>Brother</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Grippe</i>	How long <i>3 weeks</i>
Immediate <i>Pneumonia</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. D. Cronk. M. D.</i>
	Address <i>Winfield, Md.</i>
Accident or Suicide?	

Prospect



Name  
in  
Full

Annie B Sheeler

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Westminster</u> <small>Town</small>		<u>Carroll</u> <small>County</small>		MARYLAND	
Date of death	1906	Month <u>March</u>	Day <u>27</u>	Age <u>25</u> <small>Years</small>	Months <u>—</u> Days <u>22</u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Josephus Sheeler</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Sarah C Huff</u>		Mother's Birthplace <u>do</u>			
Name of person giving information <u>"</u>		<u>"</u>		How related to deceased <u>brother</u>	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Tubercular</u>	How long <u>Some years</u>
Immediate <u>"</u>	How long <u>11 months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. E. Shipley, M.D.</u>
	Address <u>Westminster Md.</u>
Accident or Suicide? <u>—</u>	

Shaw

H. John

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Shipley</i> <small>Town</small>		<i>Carroll</i> <small>County</small>		MARYLAND	
Date of death	1906	Month	March	Day	6
		Age	18	Years	2
				Months	1
Sex	<i>Male</i>		Color or Race	<i>White</i>	
Occupation	<i>Farmer</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband		
Father's Name	<i>Columbus Shipley</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Ruth A. Shipley</i>			Mother's Birthplace	<i>do</i>
Name of person giving information	<i>Columbus Shipley</i>			How related to deceased	<i>Father</i>

## CAUSES OF DEATH

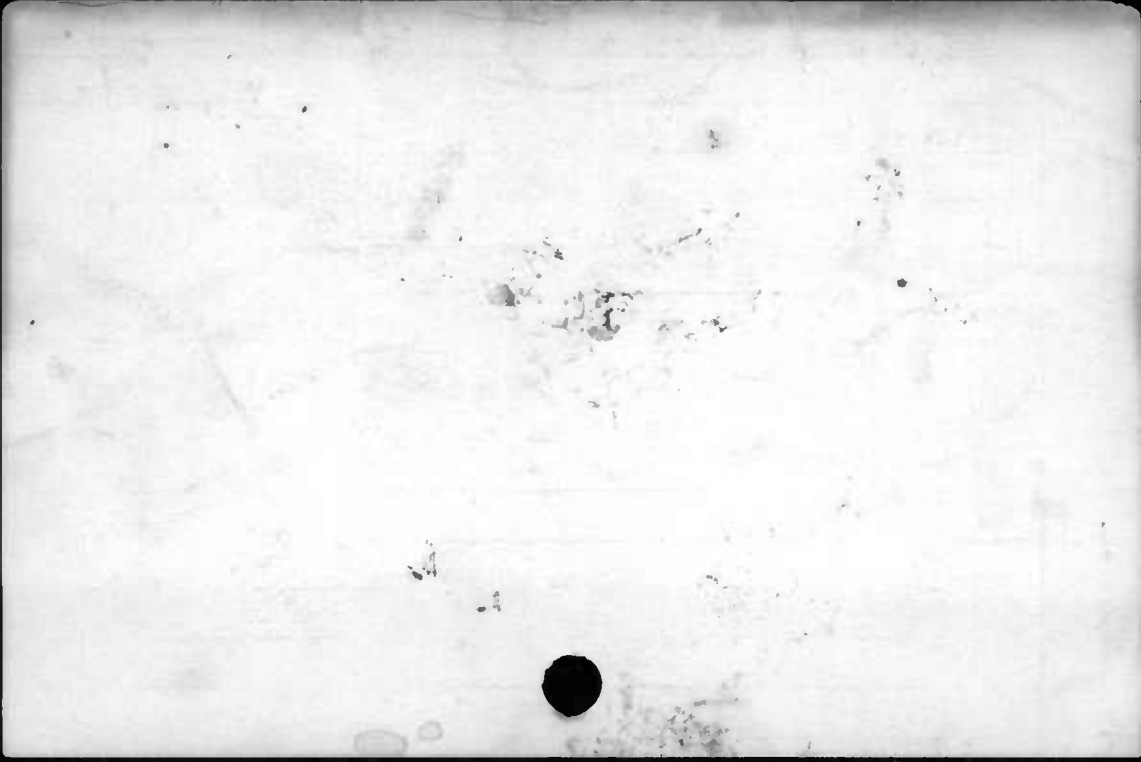
PHYSICIAN  
OR CORONER

Primary	<i>Injury to head</i>	How long	<i>4 days</i>
Immediate	<i>Cerebral Hemorrhage Brain</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Thos. J. Coonan M.D.</i>
		Address	<i>Westminster</i>
Accident or Suicide?			

Shaner

Bethesda Church - Girls

Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Sandyville</i>		Town <i>Carroll</i>		County
	Date of death <i>1906</i>		Month <i>Mar.</i>	Day <i>14</i>	Age
	Sex <i>Female</i>		Color or Race <i>White</i>		Months <i>2</i>
	Occupation		Where Residing if not at place of death		Days <i>18-</i>
	Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Birth-place <i>Carroll Co. Md.</i>
	Father's Name <i>William Spencer</i>		Father's Birthplace <i>Carroll Co. Md.</i>		
	Mother's Maiden Name <i>Nora Arnold</i>		Mother's Birthplace <i>" "</i>		
Name of person giving information <i>William Spencer</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <i>Bronchitis + Pneumonia</i>		How long <i>3 wks. + 2 day</i>		
	Immediate <i>Dyspnea</i>		How long		
	Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>Jos. J. Hering</i>		
			Address <i>Hartwood Md.</i>		
	Accident or Suicide? <i>X</i>				



Name  
in  
Full

Annie L Stern

CERTIFICATE OF DEATH

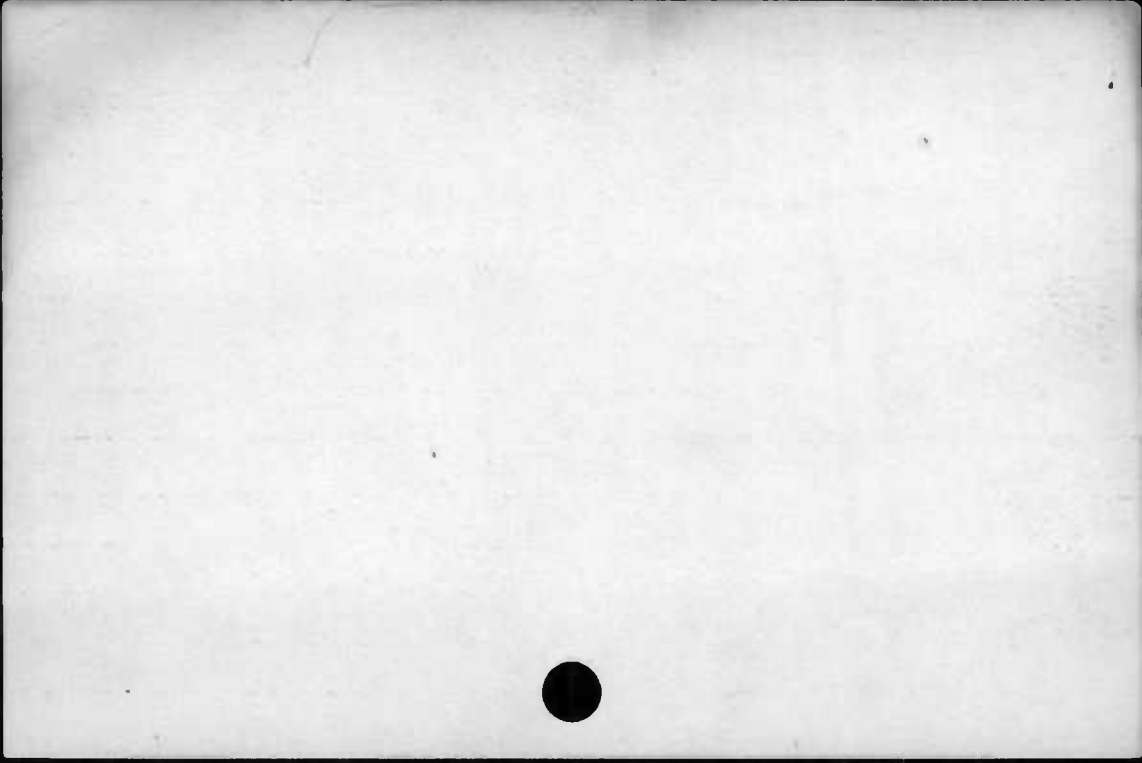
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Linksburg</i> <sup>Town</sup>		<i>Carroll</i> <sup>County</sup>		MARYLAND	
Date of death 190 <i>6</i>	Month <i>Mar</i>	Day <i>3</i>	Age <i>49</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Housewife</i>				
Name of Wife or Husband <i>Manassa S Stern</i>					
Father's Name <i>Paul Schutte</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Christiana Cook</i>			Mother's Birthplace <i>II</i>		
Name of person giving information <i>Manassa Stern</i>			How related to deceased <i>Her son</i>		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Peritonitis</i>	<div style="border: 2px solid black; border-radius: 50%; width: 60px; height: 60px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">116</div>	How long <i>1 week</i>
Immediate <i>Intestinal Obstruction</i>		How long <i>2 or 3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. V. Gougeon M.D.</i>	
	Address <i>[Redacted]</i>	
Accident or Suicide? <i>✓</i>		





Name  
In  
Full

Mary Louise Stoner

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at <sup>Town</sup> Westminster,<sup>County</sup> Carroll

MARYLAND

Date of death 1906 <sup>Month</sup> March <sup>Day</sup> first.Age <sup>Years</sup>       <sup>Months</sup> Seven <sup>Days</sup> Eleven

Sex Female

Color or Race White.

Birth-place Place of Death.

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Harry D Stoner

Father's Birthplace Westminster Md

Mother's Maiden Name Grace Arden Long.

Mother's Birthplace New London Md

Name of person giving information

H D Stoner

How related to deceased Father

## CAUSES OF DEATH

Primary

Meningitis Tubercular

How long 24 days

Immediate Convulsions

How long 4 days.

Are the name, age, sex, color, date and place correctly given above? yes

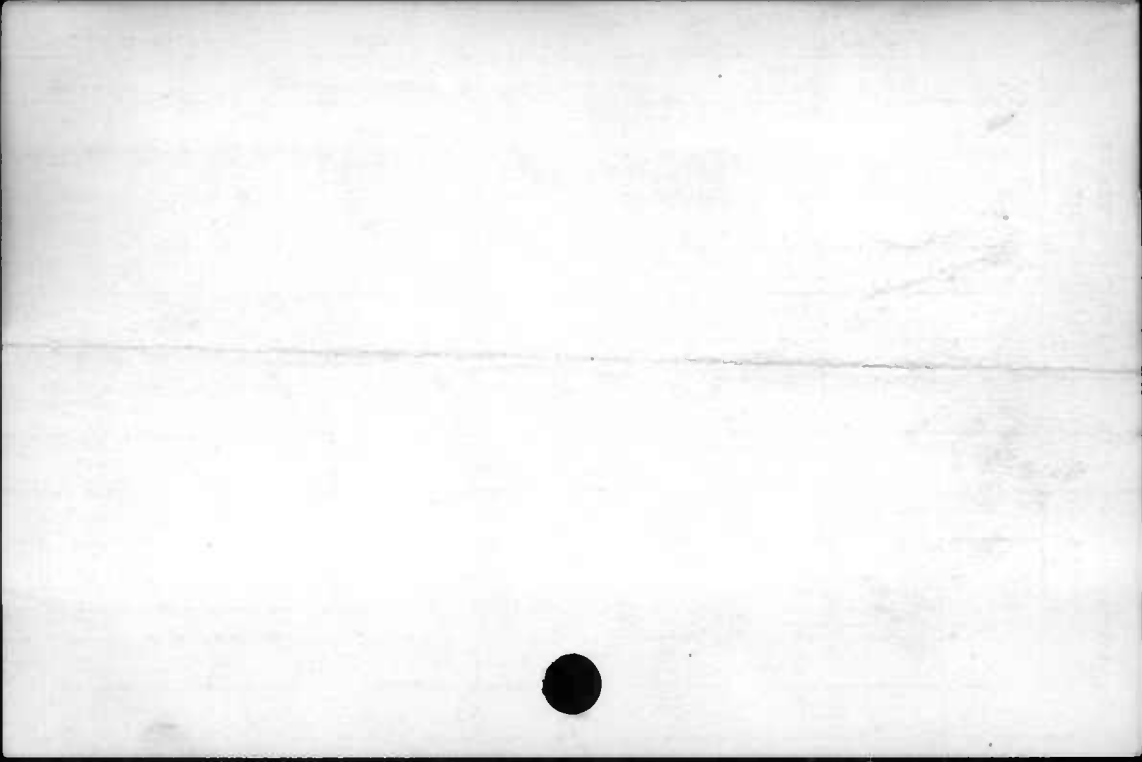
Signature of Physician Chas. R. Fouts

Address Westminster Md

Accident or Suicide?       PHYSICIAN  
OR CORONER

Winkert cemetery,  
Stoner.

Name in Full		No. 3 CERTIFICATE OF DEATH			
Evan Thomas		Stultz			
Died at Wakefield <sup>Town</sup>		Carmelle <sup>County</sup>		MARYLAND	
Date of death	1906	Month	Mar	Day	25
Age	22	Years	22	Months	1
Sex	Male	Color or Race	White	Birth-place	Ind.
Occupation	Laborer		Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Nathan Stultz			Father's Birthplace	Ind.
Mother's Maiden Name	Sarah A. Harris			Mother's Birthplace	"
Name of person giving information	Nathan Stultz			How related to deceased	Father
CAUSES OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Primary	Wound of leg		How long	10 days
	Immediate	Tetanus		How long	3 days
	Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	
				Address	
	Accident or Suicide?			New Windsor	



Name  
in  
Full

Angie Faye Swigart

## CERTIFICATE OF DEATH

Died at

Forth Road

Town

County

Carroll

MARYLAND

Date

of death 1906

Month

Mar

Day

16

Age

Years

42

Months

3

Days

16

Sex

Female

Color or  
Race

White

Birth-  
place

Pa

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

H. H. Swigart

Father's  
Name

Elias Frye

Father's  
Birthplace

Pa

Mother's  
Maiden Name

Martha Groff

Mother's  
Birthplace

Pa

Name of person giving  
In formation

H. H. Swigart

How related  
to deceased

Husband

## CAUSES OF DEATH

Primary

Tuberculosis Pulmonary + bladder

How long

4 yrs

Immediate

Grip

How long

2 weeks

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

L. B. Willis  
Fanny Town  
V

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Mr Mary Tollinger

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> Town		<i>Cannell</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Mar</i>	Day <i>2</i>	Years <i>84</i>	Months <i>3</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>FredtK. Md</i>		
Occupation <i>House Keeper</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband				
Father's Name <i>George Kaubner</i>		Father's Birthplace <i>FredtK. Md</i>			
Mother's Maiden Name <i>Mary McFannan</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Eddrid Janfossen</i>		How related to deceased <i>Son-in-law</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Old Age,</i>	How long <i>(154)</i>
Immediate <i>Heart Failure,</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Jno. S. Mathias,</i>
	Address <i>Westminster,</i>
	<i>Md.</i>
Accident or Suicide?	

at Frederick -  
Storer.



Name  
in  
Full

Melvina V. Turfle

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Westminster</i> Town		County <i>Carroll</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>March</i>	Day <i>19</i>	Age <i>35</i>	Years <i>8</i>	Months <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>William Turfle</i>				
Father's Name <i>Israel. Simonson</i>	Fether's Birthplace <i>don't know</i>				
Mother's Maiden Name <i>Martha Switzer</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Wm Turfle</i>	How related to deceased <i>Husband</i>				

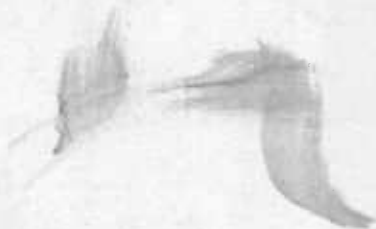
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate <i>Tuberculosis</i>	<i>27</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	How long <i>2 years.</i>
Signature of Physician <i>D. J. Shipley, M.D.</i>	
Address <i>Westminster, Md.</i>	
Accident or Suicide?	

Shaver

Western Country



Name  
in  
FullMauda Viola Wheatley  
Carroll

CERTIFICATE OF DEATH

MARYLAND

Died at <sup>Town</sup> Sykesville<sup>County</sup> Carroll

Date of death 1906 March

Day 25

Age Years —

Months 8

Days 24

Sex Female

Color or Race white

Birth-place Carroll Co. Md.

Occupation

Where Residing If not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Benjamin F. Wheatley

Father's Birthplace Howard Co. Md.

Mother's Maiden Name Mauda Orem

Mother's Birthplace Howard Co. Md.

Name of person giving information

B. F. Wheatley

How related to deceased Father

## CAUSES OF DEATH

Primary Whooping-Cough. Imp. By Broncho pneumonia How long 7 Days

Immediate Eclampsia

Are the name, age, sex, color, date and place correctly given above?

yes

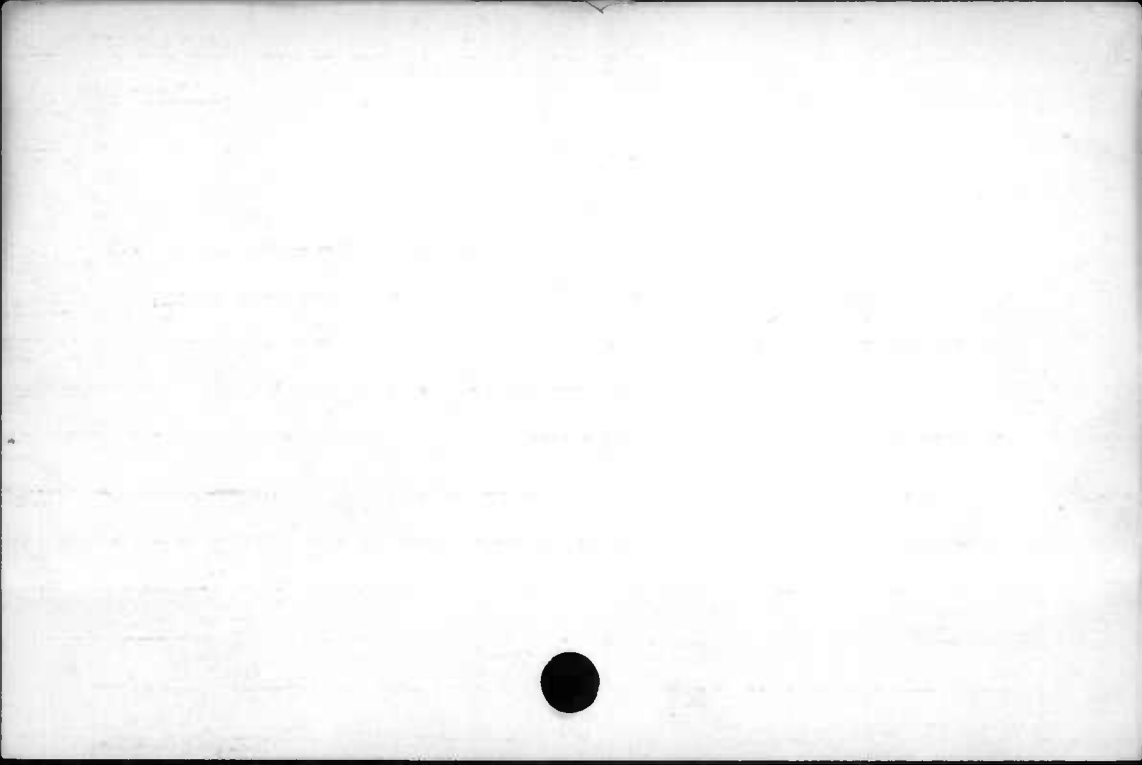
Signature of Physician

Daniel B. Srecher  
Address Sykesville Md.

Accident or Suicide?

LIBRARY BUREAU A66516

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
In  
FullNo. 132  
CERTIFICATE OF DEATHTO BE ANSWERED BY  
NEAREST FRIEND

Name James C. Whitehill

Died at Union Bridge <sup>Town</sup> Carroll <sup>County</sup>

**MARYLAND**

Date of death 190 6 <sup>Month</sup> March <sup>Day</sup> 17 Age 61 <sup>Years</sup>          <sup>Months</sup>          <sup>Days</sup>

Sex Male Color or Race White Birth-place Unionville

Married, Single or Widowed Widower Occupation Retired

Name of Wife or Husband         

Father's Name James Whitehill Father's Birthplace Not known

Mother's Maiden Name Barbra Norman Mother's Birthplace " "

Name of person giving Information Ambrose Whitehill How related to deceased Son

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Diabetes (50) How long 1 1/2 yrs

Immediate          How long         

Are the name, age, sex, color, date and place correctly given above? yes,

Signature of Physician Dr. H. L. Fair

Address Union Bridge, Md.

Accident or Suicide?

Lynne

TO BE ANSWERED BY NEAREST FRIEND	Name in Full		Margaret Woods				CERTIFICATE OF DEATH	
	Died at		Town Lykesville		County Carroll		MARYLAND	
	Date of death		1906	Month March	Day Third	Years Age 56	Months	Days
	Sex		Female		Color or Race		White -	
	Occupation		Tailor		Birth-place		Md	
	Married, Single or Widowed		Single		Name of Wife or Husband		-	
	Father's Name		Woods		Father's Birthplace		Unknown	
	Mother's Maiden Name		Unknown		Mother's Birthplace		Unknown	
Name of person giving information		Mary Woods		How related to deceased		Sister		

### CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Phtisis Pulmonalis	(27)	How long	5 mo.
	Immediate	Exhaustion		How long	-
	Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
	Accident or Suicide?		No	Address John Norfolk Morris M.D. Springfield Hospital Lykesville, Carroll Co., Md.	

